

CERTIFICATE OF APPOINTMENT OF CLERK

THIS IS TO CERTIFY, that at a ____ regular or ____ special meeting of the Board of Trustees of School District No. ____ of _____ County, State of Montana, which was held on the ____ day of _____, 20____, _____, was duly appointed to fill the office of District Clerk to serve at the pleasure of the Board for a ____ year term.

_____	}

Trustees for
District No. _____

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States, and the Constitution of the state of Montana, and that I will discharge the duties of my office with fidelity (so help me God).

Print newly appointed Clerk's Name

Signature of newly appointed Clerk

Subscribed and sworn to before me this _____ day of _____, 20 ____

Print County Superintendent's Name

Signature of County Superintendent

Note: This form is to be presented to the Clerk after the trustees' organizational meeting.
[20-1-202](#) and [20-3-325](#), MCA